Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

8265

| CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN   |  |   |                |                               |                      |                  |   |      |                        |         |                     |                        |
|--|--|---|----------------|-------------------------------|----------------------|------------------|---|------|------------------------|---------|---------------------|------------------------|
|  |  |   | (Column 1)     |                               | (Column 2)           |                  | TYPE                                    | TYPE |                        | OR      | SMALL ENTITY        |                        |
| TOTAL CLAIMS   |  |   | 7              |                               |                      |                  | RAT                                     | E    | FEE                    |         | RATE                | FEE                    |
| FOR  |  |   | NUMBER FILED   |                               | NUMBER EXTRA         |                  | BASIC                                   | FEE  | 385.00                 | OR      | BASIC FEE           | 770.00                 |
| ТО   | TAL CHARGEA  | BLE CLAIMS                                | min            | us 20=                        | *                    |                  | XS 9                                    | 9=   |                        | OR      | X\$18=              |                        |
|  | EPENDENT CL  | i   |                | nus 3 =                       | *                    | *                |   | 3=   |                        | OR      | X86=                |                        |
| MU   | LTIPLE DEPEN   | DENT CLAIM PF                             | RESENT         |                               |                      |                  | +145                                    | ō=   |                        | OR      | +290=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in co   |  |   |                |                               |                      | olumn 2          | TOT                                     | AL   |                        | OR      | TOTAL               | 73                     |
| CLAIMS AS AMENDED - PART II  |  |   |                |                               |                      |                  | C 9 8 A                                 |      | NTITY                  |         | OTHER<br>SMALL      |                        |
| (Column 1)   |  |   | (Column        |                               |                      | (Column 3)       | SMA                                     |      |                        | OR      | SIVIALL             |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | NUMI<br>PREVIC<br>PAID        | BER<br>DUSLY         | PRESENT<br>EXTRA | RAT                                     | E    | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus          | **                            |                      | =                | XS 9                                    | )=   |                        | OR      | X\$18=              |                        |
|  | Independent  | *   | Minus          |                               |                      | =                | X43                                     | =    |                        | OR      | X86=                |                        |
|  | FIRST PRESE  | NTATION OF MU                             | JUIPLE DEF     | PENDENI                       | CLAIM                |                  | +145                                    | 5=   |                        | OR      | +290=               |                        |
|  | L. Al  |   |                |                               |                      |                  |   |      |                        | OR      | TOTAL<br>ADDIT. FEE |                        |
|  |  | (Column 1)                                |                | (Colur                        | mn 2)                | (Column 3)       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |      |                        |         |                     |                        |
| AMENDMENT B  |  | CLAIMS REMAINING AFTER AMENDMENT          |                | HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>OUSLY | PRESENT<br>EXTRA | RAT                                     | Ε    | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus          | **                            |                      | =                | X\$ 9                                   | 9=   |                        | OR      | X\$18=              |                        |
| AME  | Independent  | *   | Minus          | ***                           |                      | =                | X43                                     | S=   |                        | OR      | X86=                |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM       |   |                |                               |                      |                  |   | 5=   |                        | OR      | +290=               |                        |
|  |  |   |                |                               |                      |                  | TC<br>ADDIT.                            | TAL  |                        | OR      | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |                |                               |                      |                  |   |      |                        |         |                     |                        |
| AMENDMENT C  | •  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                |                               |                      | PRESENT<br>EXTRA | RAT                                     | E    | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus          | **                            |                      | =                | X\$ 9                                   | 9=   |                        | OR      | X\$18=              |                        |
| AME  | Independent  | *   | Minus ***      |                               | T CL AINA            | =                | X43                                     | }=   |                        | OR      | X86=                |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= |   |                |                               |                      |                  |   |      | OR                     | +290=   |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE |  |   |                |                               |                      |                  |   |      |                        | OR      | TOTAL<br>ADDIT. FEE |                        |
| ***  | If the "Highest No                                   | mber Previously Pa<br>ther Previously Pa  | aid For" IN TH | IS SPACE                      | is less tha          | ın 3. enter "3." |   |      | propriate bo           | x in co |                     |                        |